

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 74 OF 236  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Association for Advanced Life Underwriting PAC (AALU PAC)**

Full Name (Last, First, Middle Initial)

**A. H. Thomas Hollinger**

Mailing Address 17 Quail Crossing Rd

City	State	Zip Code
Wilmington	DE	19807

FEC ID number of contributing federal political committee.

Name of Employer

Newton One Advisors

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

Transaction ID : 425-5951-c

Amount of Each Receipt this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Robert C. Holmes III**

Mailing Address 651 Marsten Green Ct

City	State	Zip Code
Ambler	PA	19002

FEC ID number of contributing federal political committee.

Name of Employer

The Holmes Group

Occupation

Life Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : 426-5874-c

Amount of Each Receipt this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Scott W. Holton**

Mailing Address 325 Northcliff Drive

City	State	Zip Code
Rocky River	OH	44116-1344

FEC ID number of contributing federal political committee.

Name of Employer

The Todd Organization

Occupation

Executive Benefits Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : 429-6030-c

Amount of Each Receipt this Period

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►